Please refer to the Instructions for Filing Notification before compleang this form. The information requested here is The required by law (Section 3010 Prie Hesource Consenation and Recovery Aci)

United States Environmental Protection Agency

Notification of Regulated Waste Activity

Dale Received (For Official Use Only)

1. Installation's EPA 10 Number (Afaik 'X' in the appropriate box) C. Installation's EPA ID Number A. First Notification 8. Subsequent Notification (complete item C) 11. Name of Installation (include company and speckic site name) = 15 III. Location of Installation (Physical address not P.O. Box or Route Number) Street Street (continued) Biate ZIP Code City or Town F B 4 County Code County Name IV. Installation Mailing Address (See Instructions) Street or P.O. Box State ZIP Code City or Town F V. Installation Contact (Person to be contacted regarding waste activities at site) Mist) Name (last) 50 m Phone Number (sees code and number) Job Thie 0 8 VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Box Maliing Location ZIP Code Siele City or Town 6 8 0 ANTON THE VII. Ownership (See Instructions) A. Name of Installation's Legal Owner Street, P.O. Box, or Roule Humber IR 0 0 ZP Code State City or Town 0 Morith Day Yest C. Owner Type D. Change of Owner B. Land Type Day indicator Phone Number (sies code and number) No 0 90 5 4 0 8

		10 - For Official Use Only
II. Type of Regulated Waste Activity (A	fark 'X in the appropriate boses. Refer to I	nstructions.)
A. Hazardous V	Vaste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2.200 lbs.) b. 100 to 1000 kg/mo (220 - 2.200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 la. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 6. Other - specify	3. Traster Store Deposor jal Installation) Note A permit to required for this activity: see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Burner - indicate de Ace(s) - Type of Combustion Devices 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 5. Underground Injection Control	1. Off-Specification Used Oil Fuel a. Generator Marketing to Burner b. Other Marketer c. Burner - Indicate device(s) - Type of Combustion Device 1. Utility Boller 2. Industrial Boller 3. Industrial Furnace 2. Specification Used Oil Fuel Marketer for On-site Burner) Who First Claims Bre Oil Mee's the Specification
C. Description of Regulated Wastes (Us		
. Characteristics of Nonlisted Hazardous & wastes your installation handles (See 40 C	Yastes, Wark X in the boses corresponding to the FA Parts 261.20 - 261.24)	characteristics of nonlisted hazardous
Ignitable 2. Conosive 3. Neactive 4 (Dooj) (Doo3) B. Usted Hazardous Wastes. (See 40 CFR 2	(LSI specific EPA hazardous waste of DOOO) (LSI specific EPA hazardous waste of DOOO) (LSI specific EPA hazardous waste of DOOO of D	than 12 wasie codes)
C. Other Wastes. (State or other wastes required to the control of	3 4	8
and all attached documents, and to btaining the information, to believe that there are significant penaltie imprisonment.	ve personally examined and amfamiliar what based on my inquiry of those indivited that the submitted information is frue, as for submitting false information, inc.	Iduals Immediately responsible to courate, and complete. I am awaituding the possibility of fines an
Gignalure Rurald Jommen	Name and Official Title (Nipe or print) U.P.	Date Signed 3-19-93
XI. Comments		
-		

Mease relei to the Instructions for Filing Notification before completing this form. The Information requested here is required by law (Section 3010 and Recover Act). and Recovery Aci)

Notification of Regulated Was 93.312 United States Environmental Protection Agency Regulated Waste Activity

APR 07 1993

Date Received

(For Official Use Only)

1. Installation's EPA ID Number (Mark 'X' in the appropriate box)
A. First Notification (complete item C) B. Subsequent Notification (complete item C) B. Subsequent Notification (complete item C)
II. Name of Installation (Include company and specific site name)
COURTESY CORP III. Location of Installation (Physical address not P.O. Box or Route Number)
Street
800 CORPORATE GROVE DRIVE
See (continues)
City of Town
BUFFALO GROVE 11260089-4332
County Code County Name
LAKE
IV. Installation Mailing Address (See Instructions)
Street or P.O. Box
800 CORPORATE GROVE DRIVE
City or Town State ZIP Code .
B4FFALO GROVE 1160089-4552
V. Installation Contact (Person to be contacted regarding waste activities at site)
Name (last) (first)
SOMMERS GERALD
Job Title Phone Number (area code and number)
UICE PRES 708-541-7900.:
VI. Installation Contact Address (See Instructions)
A. Contact Address B. Street or P.O. Box Location Mailing
100 SOO CORPORATE GROVE DRIVE
City or Town State ZIP Code
BULLENIO GROVE IL 60089-4552
VII. Ownership (See Instructions)
A. Name of Installation's Legal Owner
COURTESY CORPORATION MAR SU 1993
Street, P.O. Box, or Route Number
800 BUFFALO GROVE DRIVE EFAMILES
City or Yown Sinte ZIP Code
BUFFALO GROVE IL 60089-4552
B. Land Type C. Owner Type D. Change of Owner (Data Changed) Indicator North Day Year
708-541-7900 Yes No

	ID - For Official Use Only
JIE Type of Regulated Waste Activity (Mark 'X' In the appropriate boxes	Refer to Instructions.
A. Hazardous Waste Activity	B. Used Dil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2.200 fbs.) b. 100 to 1000 kg/mo (220 - 2.200 fbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 bolow) b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 5. Underground injection Companies to the design of the purpose of the	a. Generator Marketing to Burner b. Other Marketer c. Burner - Indicate device(s) - Type of Combustion Device lice(s) - Device 1. Utility Boller 2. Industrial Boller 3. Industrial Furnace 2. Specification Used Dil Fuel Marketer (or On-site Burner) Who First Claims the Dil Meets the Specification
A. Characteristics of Honlisted Hazardous Wastes, Mark IX in the boxes corresp wastes your installation handles. (See 40 CFR Paris 261.20 - 261.24)	conding to the characteristics of nonksted hazardous
1. (gnitable 2. Conosive 3. Reactive 4. EP Toxic (D001) (D002) (D003) (D000) (List specific EPA hazz (D001) (D002) (D003) (D000) (List specific EPA hazz (D001) (D001) (D000) (D000) (D000) (D000) (List specific EPA hazz (D001) (D001) (D000) (D	ardous waste number(s) for the EP Toxic contaminant(s))
	5
C. Other Wastes. (State or other wastes requiring an I D number. See instructions	
X. Certification	
I certify under penalty of law that I have personally examined and are and all attached documents, and that based on my inquiry of to obtaining the information, I believe that the submitted information that there are significant penalties for submitting faise information imprisonment.	hose Individuals immediately responsible for in is true, accurate, and complete. I am aware
Signature Name and Official Title (type or U. P.	Date Signed 3-19-93
XI. Comments	
1-11- 1- 1-1- 1-1- 1-1- 1-1- 1-1- 1-1-	
	·
A PAR Declaration State Dates of	See Section III of the booklet for add esset.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

77 WEST JACKSON BOULEVARD CHICAGO, IL 60604-3590

4/15/93

Dear Notifier:

REPLY TO THE ATTENTION OF:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Iarge generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

Sharon J. Kuddon

Environmental Protection Specialist

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